

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DM</i>	<i>6764</i>	<i>3/17/00</i>
O.I.P.E. CLASSIFIER		<i>42</i>	<i>3/14/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>RE</i>	<i>59227</i>	<i>4/22/00</i>

ISSUE  
Submit  
REV.  
PTO-1305

APPL  
09

APPLICANTS

TITLE

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 2/23/01
2	✓ 2/23/01
3	✓ 2/23/01
4	✓ 2/23/01
5	✓ 2/23/01
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50	✓ 2/23/01

Claim	Date
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Claim	Date
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Form PTO-  
(Rev. 6/99)

If more than 150 claims or 10 actions  
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